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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

September 11, 2008

Present: Wilda Brown, Terry Burgess, Marianne Clayter, Zack Commander, Bill Cook, Kathy Crocker, Carol DeBerry, Judy Dempsey, Roger Griesinger, Libby Jones, Ron Kendrick, Paul Russ, Renee Sisk, Andrea Stevens, David Taylor Jr., Amelia Thorpe and Glenda Woodson.

Absent: Carl Noyes

Resigned: Carl Britton-Watkins.

Staff Present: Leza Wainwright, Ann Remington, Cathy Kocian, Jesse Sowa, Shealy Thompson, Nidu Menon, Mary Tripp and Jamie Maginnes.

Guests: Carolyn Anthony, Judy Taylor, and Briana Woodson.

Presenter & Topic	Discussion	Action
Welcome Ron Kendrick, SCFAC Chair	<ul style="list-style-type: none"> • The meeting was called to order at 9:30 AM. • Terry Burgess opened the SCFAC meeting with a moment of prayer. • Ron Kendrick welcomed Glenda Woodson on the SCFAC. Glenda is a Secretarial appointment and represents the mental health family member category. 	<p>The agenda was approved.</p> <p>The August 2008 minutes were approved.</p>
Public Comments/Issues	<ul style="list-style-type: none"> • Amelia Thorpe provided an overview of the newly opened <i>Durham Center Access</i>, a round-the-clock comprehensive crisis service facility for the citizens of Durham County. The facility has twenty-four hour staff that can provides access services for persons with mental health and substance abuse issues. • Ron Kendrick advised SCFAC members that Michael Owen from the NC Council of Community Programs offered the SCFAC members one of the meeting rooms at their conference in Pinehurst on Tuesday, December 9, 2008. SCFAC members discussed several options that might work for this session. However, the agenda and purpose of the meeting will need to be worked out among the sub-committee members. • SCFAC members inquired about a meeting room at the hotel for sub-committees to meet the night prior to SCFAC meetings. 	<p>Kathy Crocker committed to contacting the rest of the sub-committee to determine if this was feasible and, if so, what the work session agenda would include.</p> <p>Cathy Kocian will check with the hotel management regarding meeting space and will get back</p>

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		with the SCFAC members.
<p>Discussion with Division Leadership Leza Wainwright</p>	<ul style="list-style-type: none"> • Leza Wainwright reported that the Division of MH/DD/SAS received notice from the Centers for Medicare and Medicaid (CMS) on Wednesday, September 9, 2008 terminating Cherry Hospital's participation in the Medicaid and Medicare program. The Secretary has hired Compass Group, Inc., an independent hospital management firm to evaluate and make recommendations regarding the facility. • Leza discussed the state operated psychiatric hospital practice of admitting everyone in need of services. This has resulted in the number of patients seeking admission exceeding the availability of beds and qualified staff in the hospitals. It has become extremely difficult to find qualified staff willing to work in the psychiatric hospitals. Leza reported that nurses, who have the responsibility of supervising front line staff, are in short supply. This necessitates the hiring of “traveling nurses” who work in a variety of locations. She discussed some of the pay incentives that the State will offer to recruit and retain nurses. Wilda Brown asked how SCFAC could advocate for increasing staff and pay. Leza recommended that SCFAC could continue to advocate for the citizens of the community and let legislators know that all MH, DD and SA recipients need to be provided care on a par with individuals with primary healthcare issues (i.e. cancer, heart problems , etc). • Leza stated that Wake County has three exceptional hospitals (Wake, Rex and Duke Raleigh) but none of them have any psychiatric beds. The state continues to move toward decreased dependence on inpatient beds and hospitalization and increased availability of community services. It was noted that SCFAC should work to ensure that the safety net represented by the state operated facilities is not diminished. Ron Kendrick commented on the importance of all state operated facilities being properly accredited or professional people won't consider working in NC. • Leza provided an update on Broughton Hospital and reported that they have one more opportunity to present information to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to regain certification. • Currently, the Division has reviewed twelve LME catchment areas to locate more community hospital psychiatric hospital beds in each 	

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	<p>region. The State will pay for indigent hospital care if the hospitals increase the number of beds to full capacity. Amelia Thorpe said that the state should consider a public awareness campaign in order to educate high school students and high school graduates regarding possible employment opportunities in the field. Leza agreed that there is a need for recruitment and retention of employees, but expressed concern for the lack of a career ladder for individuals interested in this vocation.</p> <ul style="list-style-type: none">• Andrea Stevens requested information on the updated CAP MR/DD waiver. Leza stated that there were four new service definitions:<ul style="list-style-type: none">• Home Supports,• Behavioral Consultation,• Long-term Vocational Supports and• Crisis Respite.• Zach Commander inquired about the 25% Qualified Professional (QP) rule and Leza stated that there are 175 provider sites to date that have not met the 25% QP requirements so their endorsements will be pulled. Assuming CMS approves the State Plan Amendment (SPA) by October 1, 2008, effective December 1, 2008, 35% of all Community Support Services (CSS) will need to be provided by a QP and then six months later, 50% of CSS services will have to be provided by a QP.• Kathy Crocker made a request for data produced from the Aging and Adult Services pilot project. Leza discussed the federal rules that require pre-admission screenings for mental health issues prior to being admitted to a NC nursing facility.• Marianne Clayter asked Leza for information on the transition of Dix patients to Central Regional Hospital (CRH). Leza stated that patients and staff will begin being transitioned on October 1, 2008. Three groups will not move at this time; adolescent and children's services, twenty-five minimum custody forensic beds and the sixty bed unit for Wake County patients. Of the 60-bed Wake/Dix Unit, twenty-four beds (40%) will be paid for by Wake County and thirty six beds (60%) were paid for by the General Assembly.• There was brief discussion on the new tiered rates and the ACTT rate decrease from \$323.98 to \$301.35 per person per month. Leza mentioned that the Secretary has considered postponing the implementation date of the new rate.	
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<p>Quality Management Presentation Shealy Thompson and Nidu Menon</p>	<ul style="list-style-type: none"> • Nidu Menon, Quality Management team, provided SCFAC with a presentation titled <i>Participate in all Quality Management Measures and Performance Indicators</i>. The purpose of the presentation was to address the following questions which SCFAC had regarding QM: <ul style="list-style-type: none"> • What structure of quality management is in the Division? • What are the process issues? • What are the key QM issues? • Explain performance measures. • What does the QM team believe is important to measure? • How does the QM Team ensure that the measurements translate to the bottom line of improved services and cost efficiency? • How can SCFAC influence and participate in the Division's QM efforts? • Nidu addressed the following four areas as key pieces for successful quality management: <ul style="list-style-type: none"> • Long term commitment, • Involvement of everyone in the process, • Training for everyone involved in QM and • Continuity of the process. • SCFAC members received a copy of the current third quarter (FY 2007-2008) <i>Mental Health, Developmental Disabilities and Substance Abuse Related Admissions in Community Emergency Departments Report</i>. • SCFAC members requested a copy of the MH/SA Consumer Survey with the new optional physical health questions. Paper copies of the survey will be sent to the LMEs for distribution to providers. 	<p>Shealy Thompson will send Cathy Kocian the Consumer Survey so that it can be distributed to SCFAC members for their review and feedback.</p>
<p>Response Task Team Report Ron Kendrick</p>	<ul style="list-style-type: none"> • Wilda provided SCFAC members with a handout on Person First Language. The committee reviewed three letters developed by Wilda regarding the derogatory language used in the film <i>Tropic Thunder</i>. The letters will be sent to David Richards of the Arc of NC, Keith Fishburne of the NC Special Olympics and Ben Stiller Movie Producer and Director of <i>Tropic Thunder</i>. • Andrea Stevens commented briefly on the mileage rate issue and stated that this issue can be addressed during the October SCFAC meeting when Verla Insko is present. 	<p>Cathy Kocian will make the necessary edits to the letter and send the corrected version to Ron and Wilda for their signatures prior to mailing them out.</p>
<p>Standardization of Provider</p>	<ul style="list-style-type: none"> • Mary Tripp and Jamie Maginnes, Accountability Team, presented 	

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<p>Monitoring per SB163 Mary Tripp and Jamie Maginnes</p>	<p>information on the <i>Local Provider Monitoring Tool</i> that was recently developed and is now posted on the Division web site, www.ncdhhs.gov/mhddsas.</p> <ul style="list-style-type: none"> • The goal of the monitoring tool is to develop a standardized, uniform process to assess providers in the community. Once the LMEs have assessed all providers with the Frequency Extent Monitoring tool, they will then follow up with the local monitoring tool as needed. • The Scope of the Monitoring Review will focus on two levels: <ul style="list-style-type: none"> • The Organizational Level: <ul style="list-style-type: none"> ▪ Quality management program, ▪ Documentation and verification of staff competencies, experience and training, and ▪ Provider response to incidents and complaints. • The Person Centered Level: <ul style="list-style-type: none"> ▪ Provision of person-centered planning, ▪ Provision of person-centered services and supports and ▪ Safeguarding individual rights. 	
<p>Effectiveness Review Ron Kendrick</p>	<ul style="list-style-type: none"> • Ron Kendrick suggested that the SCFAC members review and consider the current structure of the committee. Ron appointed work groups to review the statute requirements of the SCFAC. Work groups were identified to address the following areas: <ul style="list-style-type: none"> • <i>Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services:</i> Roger Griesinger, Carl Noyes, Renee Sisk, Paul Russ and Zack Commander. • <i>Identify service gaps and underserved populations, make recommendations regarding the service array and monitor the development of additional services, and participate in all quality improvement measures and performance indicators:</i> Andrea Stevens, Libby Jones, Marianne Clayter, Amelia Thorpe, Carol DeBerry and David Taylor, Jr. • <i>Review and comment on the State budget for mental health, developmental disabilities, and substance abuse services:</i> Ron Kendrick, Wilda Brown, Renee Sisk and Carl Noyes. • <i>Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health,</i> 	

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	<i>developmental disabilities, and substance abuse services and provide technical assistance to local CFACs in implementing their duties:</i> Kathy Crocker, Judy Dempsey, Terry Burgess and David Taylor, Jr.	
SCFAC meeting with Verla Insko Ron Kendrick	<ul style="list-style-type: none"> • Ron Kendrick, Wilda Brown, Andrea Stevens, Bill Cook and Carol DeBerry met with Representative Verla Insko, Co-Chair of the Joint Legislative Oversight Committee on MH/DD/SAS (LOC) on Wednesday, September 10, 2008. The following objectives were provided to Representative Insko via email prior to the meeting: <ul style="list-style-type: none"> • To understand some of her philosophies, • To better understand what Rep. Insko's expectations are from the SCFAC, • To get an idea of how the SCFAC might meet her expectations, • To establish better communication channels and • To have a brief discussion relative to issues being discussed by the LOC. • Wilda reported to SCFAC that Representative Insko is very interested in SCFAC and the tasks with which they are charged. She thinks the SCFAC needs to be more independent, self-governing and remain more accountable to their charges. • During the exchange of information, Rep. Insko expressed concerns and opinions about the reform efforts. One concern is that since the public sector is paying for all of the programs, then the public should have more control. Bill Cook suggested that the penetration rate (number of people getting services compared to the number of people who need services) was too low. In addition, Bill stated that the LOC ordered a substance abuse study by the Institute of Medicine and the study is supposed to be out in 2009. • Wilda stated that the main concerns for the LOC at this time are the stabilization of the state operated psychiatric hospitals and the implementation of the crisis plans. It is also imperative that the LMEs get better control of their providers so that there is no mismanagement of CSS money again. Finally, Rep. Insko stated that the size of LMEs should not be too large to provide effective administrative services. • Ron Kendrick stated that Rep. Insko will be attending the October SCFAC meeting. The entire SCFAC approved the following questions to be posed to Rep. Insko at that meeting: <ul style="list-style-type: none"> • Where does the Legislative Oversight Committee (LOC) 	Ron Kendrick will confirm the time and agenda with Rep. Insko and staff for the October SCFAC

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	<p>obtain their Gaps and Service data?</p> <ul style="list-style-type: none"> • What are the legislative issues up for discussion at this time? • SCFAC and the LOC need to develop a communication protocol. • Support for the Mileage Rate change for members of boards and commissions. • Provide information on the Regionalization issues. • Provide a Community Support Service (CSS) update. 	meeting discussion.
SCFAC December Meeting	SCFAC members voted to change the scheduled December 11, 2008 meeting to December 18, 2008 at the Clarion Hotel in Raleigh. The change in date will allow members who are planning to attend the NC Council of Community Program's Conference in Pinehurst to attend the conference without missing the regularly scheduled SCFAC meeting.	
Next Meeting Date	The next meeting is scheduled for October 9, 2008 from 9:30 A.M. – 3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, NC.	
October 2008 Meeting Agenda	<p>Approval of the Agenda.</p> <p>Approval of the September 2008 minutes.</p> <p>Discussion with Division Leadership.</p> <p>Public Comment & Issues Session.</p> <p>SCFAC Effectiveness Review-Products of SCFAC.</p> <p>LOC Meeting with Verla Insko and/or staff.</p>	
Future Discussion		